

CITY OF SAN ANTONIO DEVELOPMENT SERVICES DEPT.
P.O. BOX 839966
SAN ANTONIO, TX 78283

Attention: Plumbing Inspection Division ASSEMBLY LOCATION/
UNIT BEING PROTECTED: _____

SUBJECT: Test and Maintenance Report – Backflow Prevention Device (Circle one) RP DC PVB SPVB RPDA DCDA

Please be advised that we have made the following periodic test as required by the TNRCC Regulations and the San Antonio Plumbing Inspections Department Cross Connection Control Program and report the following:

Name and Model of Assembly _____ Assembly Serial # _____ Size _____

Service Address _____ New _____ Existing _____ Replacement _____

CUSTOMER NUMBER	Test Gauge ID #	S/N Old Assembly		
	CHECK #1 VALVE	CHECK #2 VALVE	DIFF. PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. Leaked [] 2. Closed Tight []	1. Leaked [] 2. Closed Tight []	Opened at _____ lbs. Reduced Pressure Did Not Open []	Air Inlet Opened at: _____ PSID Did Not Open []
REPAIRS	Cleaned [] Replaced: Disc []DS Spring []SP Guide []GU Pin Retainer []PR Hinge Pin []HP Seat []SE Diaphragm []DP Other, describe []OT	Cleaned [] Replaced: Disc []DS Spring []SP Guide []GU Pin Retainer []PR Hinge Pin []HP Seat []SE Diaphragm []DP Other, describe []OT	Cleaned [] Replaced: Disc: Upper []DU Lower []DL Spring []SP Diaphragm: Large: Upper []LU Lower []LL Small []DP Seat: Upper []SU Lower []SL Spacer: Lower []SC Other, describe []OT	Check Valve Held at: _____ PSID Leaked [] Cleaned [] Replaced: Air Inlet Disc []AD Check Disc []CD Air Inlet Spring []AS Check Spring []CS Other, describe []OT
	FINAL TEST	PSI Drop (R/P) _____ Closed Tight []	Closed Tight []	Opened at: _____ lbs. Reduced Pressure

CERTIFICATIONS:

1. I hereby certify that the foregoing data is accurate and reflects the proper operation and maintenance of the captioned equipment. I personally performed or directly supervised the field test herein described. I hereby certify that the Test Gauge listed above has been Certified within the last twelve (12) months. The assembly is installed in accordance with manufacturer recommendations and/or local Codes. YES _____ NO _____

DATE _____ TIME _____ AM/PM TESTER ID # _____ (Three digit San Antonio tester number)

SIGNATURE CERTIFIED TESTER

PLUMBING COMPANY

2. I hereby certify the assembly has been in constant use at this location in a manner approved by the San Antonio Plumbing Inspections Department during the entire prescribed interval between test periods and during this period this assembly was not by-passed, made Inoperative or removed without proper authorization. All defects found during the operating period or during tests of the assembly were Immediately corrected to the specification and approval of the San Antonio Plumbing Inspections Department.

FIRM NAME

ADDRESS

TELEPHONE NO.

TITLE

DATE

29-02-05 (05-01)

SIGNATURE OWNER OR REPRESENTATIVE